MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **#63-0498** Primery Registration District 1003_Registrar's No. 42303 DO NOT WRITE AMENDED ON THIS STUB PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY 6. STATE Missouri b. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits St. Louis TÖWN TOWN St. Louis Yes No IT c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm ADDRESS 5905A Easten HOSPITAL OR Homer G. Phillips INSTITUTION Yes EN No □ Yes □ No R 3. NAME OF DECEASED Middle First 4. DATE Month Dav Year (Type or print) E. David Penly 12 12 63 DEATH 6, COLOR OR RACE 7. Married 「X B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX Never Married 2-1-1883 80 Mala Widowed □ Divorced 🔲 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Perry. Miss. FOLLOW 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME John B. Penlu Sabra O'Neil 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) Shirley Krigboum 3021 Quiet Overland, Mo. ARE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line DOCUMENT PART I. DEATH WAS CAUSED BY: Cardiac Arrest Undet. RECORD IMMEDIATE CAUSE (a) О INSTEAD DUE TO (b) Conditions, If any, which gave rise to £ 433.0 above cause (a). stating the underlying cause last. DUE TO (c)

10 11 13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal WAS ō disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Yes ☐ No ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES NOW HOMICIDE 20a. ACCIDENT SUICIDE 20c. TIME OF Month, Day, Year Hour RIBBON INJURY e.m. USE BLACK INK STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK *TYPEWRITER* and last saw him alive on. 12-12-63 12**-**12-63 12-7-63 REA 21. I attended the deceased from 5:58 A. m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Doath occurred 22c. DATE SIGNED 22b. ADDRESS 22a, SIGNATURE ADecree or 6 12-12-63 2601 N. Whittier 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION REMOVAL (Specify) FIDA Fee Fee Ceneterius Dringerian gignaure ġ Kemoval BAUMANN-BRUS. INC. FUNE ₹ 24. FUNERAL DIRECTOR 2504 WOODSON ROAD OVERLAND (LALSHUSSIQUE Liment on Reverse Side)

计3系列20年8名数

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	ed on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	0 -0 P Gilia
StudentSignature of Student Embalmer	Signed Carrie (P. VIII-VIII)
	P. O. Address_all_14 mo
with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his C If this body is not embalmed, fact should be so stated a	

SECT MANDESON FORD